

# ITEM #16

## APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

**Know All Men by These Presents:**

That pursuant to the requirements of Article 3, Chapter 4, Part 2, Division 1 of the Insurance Code of the State of California, the \_\_\_\_\_, a corporation formed under the laws

of \_\_\_\_\_, Name of Insurer  
and carrying on the business of insurance, has constituted, appointed and designated, and by these presents does constitute, appoint and designate \_\_\_\_\_ having his place of business at \_\_\_\_\_  
Name (Natural Person Only)  
in the City of \_\_\_\_\_,

Street Address, Suite/Floor #  
California \_\_\_\_\_, its General Agent in said State of California.  
Zip Code

That said, \_\_\_\_\_, so appointed and designated as aforesaid, is in law a General Agent and is the principal agent of the said insurer in said State of California, on whom any notice provided by law or by any insurance policy, proof of loss, summons, or other process may be served in all actions or other legal proceedings against such insurer, and such service as aforesaid shall give jurisdiction over the person of such insurer.

And the said \_\_\_\_\_ does hereby

stipulate and agree, in consideration of the permission granted by the State of California to it to transact insurance business in this State, that if at any time it leaves this State, ceases to transact business in this State, or is without an agent for service of process in this State, then and in any case where such agent could be served, service may be made upon the Insurance Commissioner, and such service upon the Commissioner shall have the same force and effect as if made upon the insurer;

And such insurer does hereby further stipulate and agree that after being admitted to transact business in the State of California, it will continue to comply with the requirements as to its business set forth in the Insurance Code and other laws of the State of California;

And the said insurer further stipulates and agrees that before retiring from business in the State of California, it will reinsure its California business with an admitted insurer under a plan submitted to and approved by the Insurance Commissioner of the State of California.

This appointment and designation, and the powers delegated hereunder, shall terminate without notice to the appointee upon the filing with the Insurance Commissioner of a document appointing another person as agent for the said \_\_\_\_\_  
Name of Insurer  
\_\_\_\_\_ pursuant to the requirements of Article 3, Chapter 4, Part 2, Division 1 of the Insurance Code of the State of California.

In Witness Whereof, The said insurer has to these presents caused its name to be subscribed and attested by its President and Secretary at \_\_\_\_\_ State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_.

By \_\_\_\_\_ Attest \_\_\_\_\_  
President Secretary  
State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_ and \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person and/or entity on behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

[NOTARIAL SEAL]

Signature \_\_\_\_\_  
(Signature of Notary Public)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, the appointee named above to hereby certify under penalty of perjury that I am the individual named therein, that I maintain an office or residence at the address shown thereon, and that I shall be reasonably available during normal business hours at such place for service on me for the appointing company of papers, notice, proofs of loss, summons, writs or other process. I further agree that in the event the address or location of my said office or residence is changed during the existence of this appointment, I will promptly give notice thereof in writing to the Insurance Commissioner and to the appointing company.

Dated: \_\_\_\_\_

Signature